



Texas Department of Insurance, Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address:	MFDR Tracking #:	M4-10-2304-01
	DWC Claim #:	
	Injured Employee:	
Respondent Name and Box #: UNITED STATES FIRE INSURANCE CO REP BOX # 53	Date of Injury:	
	Employer Name:	
	Insurance Carrier #:	

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: "Please find enclosed a copy of the denial letter for monies paid by myself to the Doctor which I was having work on my back in Australia. Before I left for Australia I spoke with Toni Johnson at Crum & Forster and explained to her that I was going to Australia and asked her what I should do as far as paying for any treatment I may need to have on my back injuries whilst in Australia. Toni said to keep the receipts and she would reimburse me when I returned. I did return in September last year for three months, I had forgotten the receipts and left them in Australia, I let Toni know this, I also told Toni I would be back in the USA this year, Toni said just to bring any receipts at this time. I did send most of the receipts from Australia but since returning home I now have all the receipts except 2 which I have lost somewhere, the dates on these 2 receipts were 28/03/08 and 09/04/08, a copy of these receipts are enclosed, also copies of the treatment I received on my back from my Doctor in Australia. I also let Workers Compensation know what was happening, they were fine with what Toni had said to do. Since returning home this time I now have a new adjustor, Cynthia Williamson who received the receipts and I have also spoken to over the phone. I have also spoken to Denton Workers Compensation Commission since returning. I had to have them fax a copy of my approval for treating Doctors from Doctor Ingalls to Doctor Hall, which happened a number of years ago, as Cynthia did not have a copy and I needed to visit Doctor Hall as my back was hurting."

Principle Documentation:

1. DWC 60 package
2. Receipts
3. Total Amount Sought \$1,494.00

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "Reimbursement to the Claimant was denied since (1) the bills for medical services were not submitted within 95 days of the date of service, (2) the services provided and for which reimbursement is sought do not have medical records to indicate that the "spinal manipulation" was causally related to the workers compensation injury , and (3) the services were not provided by or provided at the direction of the treating chiropractor, Norman Hall."

Principle Documentation:

1. DWC 60 package

PART IV: SUMMARY OF FINDINGS				
Date(s) of Service	Denial Code(s)	Disputed Service	Amount in Dispute	Amount Due
01/07/09 – 11/10/09 (21 dates of service)	No EOBs submitted. The carrier has denied the services as: <ol style="list-style-type: none"> DOS not submitted within 95 days of the date of service. No medical records to indicate that the “spinal manipulation” was causally related to the workers compensation injury. Services were not by or at the direction of your treating doctor. 	Out-of-Pocket expense – Office Visits	\$1,494.00	\$0.00
Total Due:				\$0.00

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

This medical fee dispute is decided pursuant to Tex. Lab. Code Ann. §413.031 of the Texas Workers’ Compensation Act, and pursuant to all applicable, adopted rules of the Texas Department of Insurance, Division of Workers’ Compensation.

Background

- 28 Tex. Admin. Code §133.270 sets out the procedures for injured employees to pursue a medical fee dispute.
- 28 Tex. Admin. Code §133.270 sets out the procedures for injured employees to submit workers’ compensation medical bills for reimbursement.
- 28 Tex. Admin. Code §133.270 sets out the fee guidelines for the reimbursement of the out-of-pocket expenses incurred by the injured employee for their workers’ compensation injury.

Issues

- Were all dates of service submitted timely in accordance with 28 Tex. Admin. Code §133.307(c)(1)(A)?
- Is the injured worker required to submit out-of-pocket expenses within the 95-day timeframe?
- Did the requestor submit the medical documentation for the services in dispute in accordance with 28 Tex. Admin. Code §133.307(c)(3)(B)?
- Did the requestor submit documentation to support the treating doctor referred the injured employee to John Vandenberg, B.Sc., M. Chiro while in Australia?
- Is the requestor entitled to reimbursement?

Findings

- In accordance with 28 Tex. Admin. Code §133.307(c)(1)(A) dates of service 01/02/08 through 11/25/08 submitted on the Table of Disputed Services are not within the one-year filing requirement and are not eligible for review.
- 28 Tex. Admin. Code §133.270 does not address the 95-day timeframe for injured employees to submit their out-of-pocket expenses to the insurance carrier. The timeframe for a health care provider to submit a medical bill to the insurance carrier is specifically set at 95 days from the date of service by Labor Code §408.027. The Labor Code does not extend this limitation to injured employee seeking reimbursement for medical expenses. Consequently, no provision has been included to limit an injured employee’s time to attempt to recover out-of-pocket medical expenses. The carrier has made an incorrect denial for the out-of-pocket expenses.
- In accordance with 28 Tex. Admin Code §133.307(c)(3)(B) an explanation of the disputed amount that includes a description of the health care, why the disputed amount should be refunded or reimbursed, and how the submitted documentation supports the explanation for each dispute amount shall be included. According to the Division of

Workers' Compensation information system on June 7, 2010 the injured worker called Medical Fee Dispute Resolution and was asked to submit medical records to support the services rendered were related to the compensable injury. According to 28 Tex. Admin. Code §133.307(e)(1) the Division may request additional information from either party to review the medical fee issues in dispute. The additional information must be received by the Division no later than 14 days after receipt of this request. If the Division does not receive the requested additional information within 14 days after receipt of the request, then the Division may base its decision on the information available. The injured employee has not submitted these records as of August 10, 2010.

4. In accordance with Tex. Admin. Code Section 180.22(c)(1) the treating doctor is primarily responsible for the efficient management of medical care and for coordinating the health care for an injured employee's compensable injury. The treating doctor shall, except in the case of an emergency, approve or recommend all health care rendered to the employee including, but not limited to, medically reasonable and necessary treatment or evaluation provided through referrals to consulting and referral doctors or other health care providers. The documentation submitted with the request for medical dispute resolution did not contain a referral letter from the treating doctor to the doctor in Australia.
5. **Conclusion** For the reasons stated above, the division finds that the requestor has established that no reimbursement is due. As a result, the amount ordered is \$0.00.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Sec. §413.011(a-d), §408.027, §413.031 and §413.0311
Texas Administrative Code Sec. §180.22(c)(1), §133.270, §133.307

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. §413.031, the Division has determined that the Requestor is entitled to \$0.00 reimbursement.

August 11, 2010

Authorized Signature

Auditor III
Medical Fee Dispute Resolution

Date

PART VIII: : YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.